

TEXAS DEPARTMENT OF HEALTH
BUREAU OF RADIATION CONTROL
1100 West 49th Street
Austin, TX 78756-3189

FOR AGENCY USE ONLY

ID No. _____

Staff Initials _____

TRAINEE QUALIFICATION

INSTRUCTIONS: Complete all sections. Mail the original to the above address. Give a copy to the trainee and keep a copy for your records. If prepared by the trainee, give a copy to your RSO. **Incomplete or incorrect forms will be returned.**

Please Type or Print Legibly

(Check one)

☐ New Trainee Status Card

☐ Replacement Card

I. PERSONAL DATA

Full Name _____
Last First Middle

Date of Birth _____ Social Security No. _____
(MM/DD/YY)

II. AGENCY AUTHORIZED TRAINING [25 TAC §289.255(m)(1)(A)]

Completed 40 classroom hours of training on the topics outlined in 25 TAC §289.255(y)(1) on _____.
(MM/DD/YY)

This instruction was provided by _____.
(Company Name and License/Registration Number)

III. ADDITIONAL QUALIFICATION REQUIREMENTS [25 TAC §289.255(n)(1)]

If currently working for a radiography company, you must complete this section, and the RSO must sign this form.

Company Name _____ Co. License/Registration No. _____

Co. Mailing Address _____
Street City State Zip

Completed written or oral exam given by licensee/registant covering topics in (n)(1)(A) on _____.
(MM/DD/YY)

Demonstrated competence using this company's sources of radiation on _____.
(MM/DD/YY)

IV. MAIL TRAINEE STATUS CARD TO:

☐ Company ☐ Other address _____
Street City State Zip

V. CERTIFICATION

If the classroom training was received prior to employment, only the trainee is required to certify the information.

I certify the above information is correct to the best of my knowledge.

Signature of Trainee Applicant

Signature of RSO

Date

Printed or Typed Name of RSO